

# COVID-19 PERSONAL HEALTH DECLARATION FORM



You must provide a Personal Health Declaration (PHD) on the day your child's excursion begins – PHDs are used to ensure safe excursions to Canberra.

## 1 Child's details

Name of child

Date of birth

 /  / 

Class/year level

School

## 2 Relevant health details

YES NO

Is your child experiencing a fever of 37.5°C or above, chills or night sweats?

Is your child experiencing any of the following?

Cough

Shortness of breath, lethargy

Sore throat, loss of sense of smell/taste

## 3 Areas your child has visited

YES NO

Has your child been in close proximity to a person with a suspected or confirmed case of COVID-19 in the period beginning 48 hours prior to the onset of their symptoms for greater than 15 minutes, over the course of a week?

Has your child shared a closed space for 2 hours or more with a person with a suspected or confirmed case of COVID-19 in the period beginning 48 hours prior to the onset of their symptoms?

Has your child returned from overseas travel or been in close contact with a person who has returned from overseas travel with a suspected or confirmed case of COVID-19 in the last 14 days?

Is your child coming from an area deemed a hotspot by the State/Territory in which they reside?

Has your child visited a location deemed an exposure site during a designated exposure period?

### IF YOU ANSWERED 'YES' TO ANY QUESTIONS ABOVE

1. The child **should not** take part in the excursion and medical advice should be sought.
2. If a child is a suspected COVID-19 case the excursion should not go ahead – **the child must be** isolated and the child's Parent/Guardian/Carer must be contacted immediately.

## 4 Consent

I declare, to the best of my knowledge, the answers to the questions in this form are true and correct. I understand:

- by providing this PHD I give consent that the health data from this PHD may be shared with a relevant State or Territory Public Health Unit (PHU) if circumstances require
- by providing this PHD I am granting permission, if circumstances require Australian Capital Territory PHU engagement, for my child to undergo testing for COVID-19 under the supervision of an accompanying Teacher, in accordance with PHU directives and management guidelines
- information provided is held only by my child's school, in accordance with [BCE System Usage Conditions](#).

Parent/Guardian/Carer name

Relationship

Mobile/home number

Date

 /  / 

\* See security advice regarding submitting the form via [Wi-Fi—private and public](#).

\* If you have questions regarding this form contact the On-the-Day Teacher or email the [BCE Helpdesk](#).

\* For further information about this form see [2021 COVID-19 Canberra Excursion Protocols](#).